



City of Alameda, California

Fire Department
Fire Preventive Services
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FIRE PERMIT

HAZARDOUS MATERIAL STORAGE

In accordance with the 2007 California Fire Code, Chapter 27, a fire permit from the Permit Center, Fire Prevention is required when storing hazardous material and must be renewed and inspected annually. At the time of permit application, a Hazardous Materials Maintenance Plan (HMMP), which includes a site plan and storage map, and a Hazardous Materials Inventory Statement shall be submitted for review and approval.

Please note: The Hazardous Material Business Plan (HMBP) provided to the county cannot be used in lieu of the HMMP.

When applying for a Hazardous Material Storage permit, please follow these steps:

1. Complete a Fire Permit application
2. Complete a Hazardous Material Maintenance Plan (HMMP), attached
3. Submit application, the fee and the HMMP to Fire Prevention at the Permit Center

Fire Prevention will:

1. Process your application and package
2. Review the completed package
3. Contact you to schedule a site inspection
4. Sign job card and final pending approval of inspection and package

CITY OF ALAMEDA
HAZARDOUS MATERIALS MANAGEMENT PLAN (HMMP) INSTRUCTIONS

SECTION I — FACILITY DESCRIPTION

1.1. Part A

1. Fill out Items 1 through 11 and sign the declaration.
2. Only Part A of this section is required to be updated and submitted annually, or within 30 days of a change.

1.2. Part B - General Facility Description (Site Plan)

1. Provide a site plan on 8 1/2-by 11-inch (215 mm by 279 mm) paper, using letters on the top and bottom margins and numbers on the right and left side margins, showing the location of all buildings, structures, chemical loading areas, parking lots, internal roads, storm and sanitary sewers, wells, adjacent property uses, Fire Department sprinkler connection and location of NFPA placard. Indicate the approximate scale, northern direction and date the drawing was completed.
2. Show location of 1300 series Knox Box (Knox cabinets can be ordered by mail by completing the form obtained from the Fire Prevention office.)
3. List all special land uses within 1 mile (1,609 km).

1.3. Part C - Facility Storage Map (Confidential Information)

1. Provide a site plan on 8 1/2-by 11-inch (215 mm by 279 mm) paper, using letters on the top and bottom margins and numbers on the right and left side margins, with approximate scale and northern direction, showing the location of each storage area. Mark map clearly “Confidential –Do Not Disclose” for trade-secret information as specified by federal, state and local laws.
2. Identify each storage area with an identification number, letter, name or symbol.
3. Show the following:
 - Location of emergency equipment.
 - Accesses to each storage area.
 - The general purpose of other areas within the facility.
 - Location of all above-ground and underground tanks to include, sumps, vaults, below-grade treatment systems, piping, etc.
4. Map key. Provide the following on the map or in a map key or legend for each storage area:
 - A list of hazardous materials, including wastes
 - Hazard class of each hazardous waste.
 - The maximum quantity for hazardous materials.
 - Include the contents and capacity limit of all tanks at each area and indicate whether they are above or below ground.

- List separately any radioactives, cryogens and compressed gases for each facility.
- Trade-secret information shall be listed as specified by federal, state and local laws.

SECTION II — HAZAROUS MATERIALS INVENTORY STATEMENT (HMIS)

3.1. Part A – Declaration

Fill out all appropriate information.

3.2. Part B - Inventory Statement

1. You must complete a separate inventory statement for all waste and nonwaste hazardous materials. List all hazardous materials in alphabetical order by hazard class.

3.3. Inventory Statement Instructions: Column Information Required

1. Provide hazard class for each material.
2. Nonwaste. Provide the common or trade name of the regulated material. Waste. In lieu of trade names, you may provide the waste category.
3. Provide the chemical name and major constituents and concentrations, if a mixture.
4. Enter the chemical abstract service number (CAS number) found in 29 C.F.R. For mixtures, enter the CAS number of the mixture as a whole if it has been assigned a number distinct from its constituents. For a mixture that has no CAS number, leave this item blank or report the CAS numbers of as many constituent chemicals as possible.
5. Enter the following descriptive codes as they apply to each material. You may list more than one code, if applicable.

P = Pure

M = Mature

S = Solid

L = Liquid

G = Gas

6. a. Provide the maximum aggregate quantity of each material handled at any one time by the business. For underground tanks, list the maximum volume [in gallons (liters)] of the tank.
- b. Enter the estimated average daily amount on site during the past year.
7. Enter the units used in Column 6 as:

LB = Pounds

GA = Gallons

CF = Cubic Feet

8. Enter the number of days that the material was present on site (during the last year).
9. Enter the storage codes below for type, temperature and pressure.

Type

A = Above-ground Tank

B = Below-ground Tank

C = Tank inside Building

D = Steel Drum

E = Plastic or Nonmetallic Drum

F = Can

G = Carboy

H = Silo

I = Fiber Drum

J = Bag

K = Box

L = Cylinder

M = Glass Bottle or Jug

N = Plastic Bottles or Jugs

O = Tote Bin

P = Tank Wagon

Q = Rail Car

R = Other

Temperature

4 = Ambient

5 = Greater than Ambient, but not Cryogenic [less than -150°F (-101.1°C)]

6 = Less than Ambient

7 = Cryogenic conditions [less than -150°F (-101.1°C)]

Pressure

1 = Ambient (Atmospheric)

2 = Greater than Ambient (Atmospheric)

3 = Less than Ambient (Atmospheric)

10. For each material listed, provide the SARA hazard class as listed below. You may list more than one class. These categories are defined in 40 C.F.R. 370.3.

Physical Hazards

F = Fire

P = Sudden Release of Pressure

R = Reactivity

Health Hazards

I = Immediate (Acute)

D = Delayed (Chronic)

11. **Waste Only.** For each waste, provide the total estimated amount of hazardous waste handled throughout the course of the year.

SECTION III — SEPARATION AND MONITORING

3.1. Part A - Aboveground

Fill out items 1 through 6, or provide similar information for each storage area shown on the facility map. Use additional sheets as necessary.

3.2. Part B - Underground

1. Complete a separate page for each underground tank, sump, vault, below-grade treatment system, etc.

2. Check the type of tank and method(s) that applies to your tank(s) and piping, and answer the appropriate questions. Provide any additional information in the space provided or on a separate sheet.

SECTION IV — WASTE DISPOSAL

Check all that apply and list the associated wastes for each method checked.

SECTION V — RECORD KEEPING

Include a brief description of your inspection procedures. You are also required to keep an inspection log and recordable discharge log, which are designed to be used in conjunction with routine inspections for all storage facilities or areas. Place a check in each box that describes your forms. If you do not use the sample forms, provide copies of your forms for review and approval.

SECTION VI — EMERGENCY-RESPONSE PLAN

1. This plan should describe the personnel, procedures and equipment available for responding to a release or threatened release of hazardous materials that are stored, handled or used on site.
2. A check or a response under each item indicates that a specific procedure is followed at the facility, or that the equipment specified is maintained on site.
3. If the facility maintains a more detailed emergency-response plan on site, indicate this in Item 5. This plan shall be made available for review by the inspecting jurisdiction.

SECTION VII — EMERGENCY-RESPONSE TRAINING PLAN

1. This plan should describe the basic training plan used at the facility.
2. A check in the appropriate box indicates the training is provided or the records are maintained.
3. If the facility maintains a more detailed emergency-response training plan, indicate this in Item 4. This plan shall be made available for review by the inspecting jurisdiction.



HAZARDOUS MATERIALS MANAGEMENT PLAN

SECTION I: FACILITY DESCRIPTION

PART A - GENERAL INFORMATION

1. Business Name: _____ Phone: _____

Address: _____

2. Person Responsible for the Business:

Name	Title	Home Number	Work Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Emergency Contact: _____

4. Person Responsible for the Application/Principal Contact:

Name	Address	Phone
_____	_____	_____

6. Principal Business Activity: _____

7. Number of Employees: _____

8. Number of Shifts: _____

9. Hours of Operation: _____

10. SIC Code: _____

11. Dunn and Bradstreet Number: _____

12. Declaration

I certify that the information above and on the following parts is true and correct the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____ Title: _____

(must be signed by owner/operator or designated representative)

PART B - GENERAL FACILITY DESCRIPTION/SITE PLAN

(use the following grid or submit own using following format)

SITE PLAN

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	
1																									1
2																									2
3																									3
4																									4
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28																									28
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	

Business Name: _____ Date: _____

Address: _____ City: _____ State: _____ Page ____ of ____

Special land uses within 1 mile (1,609 km): _____

PART C - FACILITY MAP

(use the following grid or submit own using following format)

FACILITY MAP

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	
1																									1
2																									2
3																									3
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	

Business Name: _____ Date: _____

Address: _____ City: _____ State: _____ Page ____ of ____

SECTION II: HAZARDOUS MATERIALS INVENTORY STATEMENT

PART A – DECLARATION

1. Business Name: _____

2. Address: _____

Declaration

Under penalty of perjury, I declare the above and subsequent information, provided as part of the hazardous material inventory statement, is true and correct.

Signature: _____ Date: _____
(must be signed by owner/operator or designated representative)

Print: _____ Title: _____

INVENTORY STATEMENT

(1) HAZARD CLASS	(2) COMMON/ TRADE NAME	(3) CHEMICAL NAME, COMPONENTS AND CONCENTRATION	(4) CHEMICAL ABSTRACT SERVICE NO.	(5) PHYSICAL STATE	(6) MAXIMUM QUANTITY ON HAND AT ANY TIME	(7) UNITS	(8) DAYS ON SITE	(9) STORAGE CODE (TYPE, PRES., TEMP.)	(10) SARA CLASS	(11) ANNUAL WASTE THROUGH OUT

PART B - HAZARDOUS MATERIALS INVENTORY STATEMENT
SECTION III: SEPARATION, SECONDARY CONTAINMENT AND MONITORING
PART A - ABOVE-GROUND STORAGE AREAS

Storage Area Identification (as shown on facility map): _____

1. Storage Type:

_____ Original Containers	_____ Safety Cans
_____ Inside Machinery	_____ Bulk Tank
_____ 55-gallon (208.2 L)	_____ Outside Barrels
_____ Drums or Storage Shed	
_____ Pressurized Vessel	
_____ Other: _____	

2. Storage Location:

_____ Inside Building	_____ Outside Building
_____ Secured	

3. Separation:

_____ All Materials	_____ One-hour Separation
_____ Compatible Wall/Partition	
_____ Separated by 20 Feet (6096 mm)	
_____ Other: _____	

4. Secondary Containment:

_____ Approved Cabinet	_____ Secondary Drums
_____ Tray	_____ Bermed, Coated Floor
_____ Vaulted Tank	_____ Double-wall Tank
_____ Other: _____	

5. Monitoring:

_____ Visual	_____ Continuous
_____ Other: _____	

Attach specifications if necessary.

6. Monitoring Frequency:

_____ Daily	_____ Weekly
_____ Other: _____	

Attach specifications if necessary.

SECTION III: SEPARATION, CONTAINMENT AND MONITORING

PART B –UNDERGROUND

SINGLE-WALL TANKS AND PIPING

Tank Area Identification (as shown on facility map):

1: _____ Backfill Vapor Wells –

Model and Manufacturer: _____

Continuous or Monthly Testing: _____

2. _____ Groundwater Monitoring Wells

3. _____ Monthly Precision Tank Test

4. _____ Piping –

Monitoring Method: _____

Frequency: _____

5. _____ Other: _____

DOUBLE-WALL TANKS AND PIPING

Tanks Area Identification (as shown on facility map): _____

1. Method of monitoring the annular space: _____

2. Frequency: _____ Continuous _____ Daily _____ Weekly

_____ Other: _____

3. List the type of secondary containment for piping: _____

4. List the method of monitoring the secondary containment for piping: _____

5. Are there incompatible materials within the same vault? _____ yes _____ no

If yes, how is separate secondary containment provided? _____

Note: If you have continuous monitoring equipment, you shall maintain copies of all service and maintenance work. Such reports shall be made available for review on site, and shall be submitted to the Fire Prevention division upon request. Attach additional sheets if necessary.

SECTION IV: WASTE DISPOSAL

_____ Discharge to the Sanitary _____ Pretreatment –

Sewer – Wastes: _____ Wastes: _____

_____ Licensed Waste Hauler – Recycle -

Wastes: _____ Wastes: _____

_____ Other –

Describe Method: _____

Wastes: _____ No Waste: _____

SECTION V: RECORD KEEPING

Description of our inspection program: _____

_____ We will use the attached forms in our inspection program.

_____ We will not use the sample forms. We have attached a copy of our own forms.

SECTION VI: EMERGENCY RESPONSE PLAN

1. In the event of an emergency, the following shall be notified:

A. On-site Responders:

Name	Title	Phone
_____	_____	_____
_____	_____	_____

B. Method of Notification to Responder:

_____ Automatic Alarm	_____ Phone
_____ Manual Alarms	_____ Verbal
_____ Other: _____	

C.	Agency	Business Phone Number	Emergency Number
Fire Department:	<u>Alameda Fire Department</u>	<u>(510) 337-2120</u>	<u>911</u>
CA Office of Emergency:	_____	_____	_____
Services:	<u>Warning Center</u>	<u>(916) 845-8911</u>	_____
Other: _____			

2. Designated Local Emergency Medical Facility:

Name	Address	Phone (24 hours)
<u>Alameda Hospital</u>	<u>2070 Clinton Avenue</u>	<u>(510) 523-4357</u>

3. Mitigation Equipment:

A. Monitoring Devices:

_____ Toxic or flammable gas detection

_____ Fluid detection

_____ Other: _____

B. Spill Containment:

_____ Absorbents

_____ Other: _____

C. Spill Control and Treatment:

_____ Vapor Scrubber	_____ Mechanical Ventilation
_____ Pumps/vacuums	_____ Secondary Containment

_____ Neutralizer _____ Other: _____

4. Evacuation:

_____ Immediate area evacuation routes posted
_____ Entire building evacuation procedures developed
_____ Assembly areas preplanned
_____ Evacuation maps posted
_____ Other: _____

5. Supplemental hazardous materials emergency response plan on site.

Location: _____

Responsible Person: _____ Phone: _____

SECTION VII: EMERGENCY-RESPONSE TRAINING PLAN

1. Person responsible for the emergency-response training plan:

Name	Title	Phone
_____	_____	_____

2. Training Requirements:

A. All employees trained in the following as indicated:

_____ Procedures for internal alarm/notification
_____ Procedures for notification of external emergency-response organization
_____ Location and content of the emergency-response plan

B. Chemical handlers are trained in the following as indicated:

_____ Safe methods for handling and storage of hazardous materials
_____ Proper use of personal protective equipment
_____ Locations and proper use of fire and spill control equipment
_____ Specific hazards of each chemical to which they may be exposed

C. Emergency-response team members are trained in the following:

_____ Procedures for shutdown of operation
_____ Procedures for using, maintaining and replacing facility emergency and monitoring equip

3. The following records are maintained for all employees:

_____ Verification that training was completed by the employee
_____ Description of the type and amount of introductory and continuing training
_____ Documentation on and description of emergency-response drills conducted at the facility

4. A more comprehensive and detailed emergency-response training plan is maintained on site.

Location: _____

Responsible Person: _____ Phone: _____

Hazardous Material/Waste Aboveground Storage Area Inspection Form

Area Inspected: _____

[illegible]

Explain any problems found and corrective actions taken in the "Comments" section.
THIS FORM DOES NOT APPLY TO UNDERGROUND TANKS - Maintain completed form at Safety Station.